



Practitioner's Docket No. 1012.189

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Kolosov et al.

For (title): MECHANICAL RESONATOR

1. Type of Application

This application is for an original (nonprovisional).

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

14 Page(s) of Specification  
5 Page(s) of Claims  
1 Sheet(s) of Drawing(s)--Formal (Figs. 1-2)

- B. Other Papers Enclosed

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EXPRESS MAILING UNDER 37 C.F.R. § 1.10\*

(Express Mail label number is *mandatory*.)

(Express Mail certification is *optional*.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date March 19, 2004 in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EV994649953US

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2 Page(s) of declaration and power of attorney - unexecuted  
 1 Page(s) of abstract  
 3 Page(s) of Application Data Sheet (ADS)  
 6 Page(s) of Assignment

**3. Declaration or Oath**

Enclosed and unexecuted.

**4. Language**

English

**5. Assignment**

Enclosed and executed

**6. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED										
Number Filed		Number Extra		Rate		Basic Fee 37 C.F.R. § 1.16(a) \$770.00				
Total										
Claims (37 C.F.R § 1.16(c))	28	-	20	=	8	x	\$ 18.00	=	\$	144.00
Independent										
Claims (37 C.F.R § 1.16(b))	4	-	3	=		x	\$ 86.00	=	\$	86.00
Multiple Dependent										
Claim(s), if any (37 C.F.R § 1.16(d))							\$ 280.00		\$	0.00

Filing Fee Calculation

\$1000.00

**7. Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$1000.00

**Total Fees Enclosed**

**\$1000.00**

**8. Method of Payment of Fees**

Authorization is hereby made to charge the amount of \$1000.00 to Deposit Account No. 50-0496

Charge any additional fees required by this paper or credit any overpayment to deposit account no. 50-0496.

A duplicate of this paper is attached.

**9. Instructions as to Overpayment**

Credit Account No. 50-0496.

**10. Relate Back**

**A. 35 U.S.C. § 119(e)**

"This application claims the benefit of U.S. Provisional Application Nos.:

**APPLICATION NO.**

**FILING DATE**

60/456,767

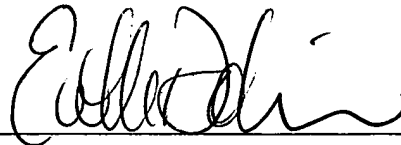
03/21/2003"

**Language of prior filed provisional application**

The above identified prior filed provisional application, namely application 60/456,767, filed 03/21/2003, whose benefit is being claimed was filed in the English language.

Date:

19 March 2004



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